

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>HUMANE SOCIETY LEGISLATIVE FUND</b>		3. FEC Identification Number <b>C</b> C90009358
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2100 L Street NW Suite 310		
(c) City, State and ZIP Code WASHINGTON DC 20037-		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report  24-Hour Report
- October 15 Quarterly Report  48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on  /  /

5. COVERING PERIOD:  
 FROM  /  /   
 THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....  0.00

7. TOTAL INDEPENDENT EXPENDITURES .....  13490.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Sara Amundson	<i>Sara Amundson</i>	10/15/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Humane Society of the United States		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2014	
Mailing Address 2100 L Street NW Suite 310		Amount 525.00	
City Washington	State DC	Zip Code 20037-1525	
Purpose of Expenditure List Rental for Mailer		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Frank A. LoBiondo		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : A576155CC1B074815880	

Full Name (Last, First, Middle Initial) of Payee Humane Society Legislative Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2014	
Mailing Address 2100 L St NW Ste 310		Amount 110.00	
City Washington	State DC	Zip Code 20037-1525	
Purpose of Expenditure Staff Time		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Frank A. LoBiondo		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : A3BE0B6D5537F44C3A2C	

Full Name (Last, First, Middle Initial) of Payee Candidate Command		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2014	
Mailing Address 1831 NW Vivion Ste. 101		Amount 6734.00	
City Riverside	State MO	Zip Code 64150-9405	
Purpose of Expenditure Production and postage of Mailers		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Frank A. LoBiondo		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : ADB7C4D9EBE144A9EAF	

(a) SUBTOTAL of Itemized Independent Expenditures.....	7369.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee Joe Trippi & Associates		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014	
Mailing Address 606A N. Talbot Street Ste. #203		Amount 6000.00	
City St Michaels	State MD	Zip Code 21663-2110	
Purpose of Expenditure Online advertisements and landing page		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Frank A. LoBiondo		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13802.40		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : AE0DDD6DEF1C64D36968

Full Name (Last, First, Middle Initial) of Payee Humane Society Legislative Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014	
Mailing Address 2100 L St NW Ste 310		Amount 121.00	
City Washington	State DC	Zip Code 20037-1525	
Purpose of Expenditure Staff Time for online ads and landing page		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Frank A. LoBiondo		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13802.40		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : A9099F26DDA8F4AD2AD0

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	6121.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	13490.00